

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

|                          |           | Tit Oleany) |                |  |  |
|--------------------------|-----------|-------------|----------------|--|--|
| PART I LOBBYIST          |           |             |                |  |  |
| NAME(Last)               | (First)   | (Middle)    | TELEPHONE      |  |  |
|                          |           |             |                |  |  |
| Yokota                   | Blane     | T           | (808) 546-5466 |  |  |
| MAILING ADDRESS (Street) |           |             | FAX            |  |  |
| P.O. Box 2200            |           |             | :              |  |  |
| (City)                   | (State)   | (Zip        | Code)          |  |  |
| Honolulu                 | Hawaii    | 968         | 96841          |  |  |
| EMPLOYING ORGANIZATION   | TELEPHONE |             |                |  |  |
| Hawaiian Telcom,         | Inc.      |             | (808) 546-5466 |  |  |
| MAILING ADDRESS (Street) |           |             | FAX            |  |  |
| P.O. Box 2200            |           |             |                |  |  |
|                          |           |             |                |  |  |
| (City)                   | (State)   | (Zip        | Code)          |  |  |
| Honolulu                 | Hawaii    | 9684        | 1              |  |  |

| PART II ORGANIZATION         |                |                |  |
|------------------------------|----------------|----------------|--|
| NAME OF ORGANIZATION YOU L   | TELEPHONE      |                |  |
| Hawaiian Telcom, Inc         | (808) 546-5466 |                |  |
| MAILING ADDRESS (Street)     | FAX            |                |  |
| P.O. Box 2200                |                |                |  |
| (City)                       | (State)        | (Zip Code)     |  |
| Honolulu                     | Hawaii 96841   |                |  |
| NAME OF PERSON RESPONSIBLE F | T TELEPHONE    |                |  |
| JoAnn C. Yosemori            |                | (808) 546–3868 |  |
| MAILING ADDRESS (Street)     |                | FAX            |  |
| P.O. Box 2200                | •              | (808) 546–8500 |  |
| (City)                       | (State)        | (Zip Code)     |  |
| Honolulu                     | Hawaii         | 96841          |  |

| PART   | III DESCRIPTION O                           | F SUE        | SJECTS UPON WHICH               | 1 YOU     | EXPECT TO LOBBY                                     |  |  |  |
|--|---|--------------|---------------------------------|-----------|---|--|--|--|
|  | Agriculture                                 |              | Education                       |           | Human Services                                      | X  | Science, Technology & Economic Development |  |
| [X]  | Communications & Public Utilities           | X            | Government Operations & Finance |           | Intergovernmental Relation<br>International Affairs | ns,  | Tourism & Recreation                       |  |
| X  | Consumer Protection & Commerce              |              | Hawaiian Affairs                | X         | Labor & Employment                                  |  | Transportation                             |  |
|  | Culture, Arts, Historic<br>Preservation     |              | Health                          | X         | Planning, Land & Water<br>Use Management            | Water X Other: (indicate below) t Telecommunications |  |  |
| X  | Ecology, Energy<br>Environmental Protection |              | Housing                         | X         | Public Safety & Correction                          |  |  |  |
|  |   |              |                                 |           |   |  |  |  |
| PART   | IV CERTIFICATION                            | OF L         | OBBYIST                         |           |   |  |  |  |
| 11   | hereby certify that the in                  |              |                                 | s, to the | best of my knowledg                                 | e. correc  | t and complete.                            |  |
|  | Done I Wite                                 |              |                                 | •         | •   | 24/06  | •  |  |
|  | 15th Super                                  |              | una of Labbudat\                |           |   | <del></del>  | <u> </u>                                   |  |
|  |   | (Signat      | ure of Lobbyist)                |           |   | (Date)   |  |  |
| PART   | V AUTHORIZATION                             | I TO I       | OBBY                            |           |   |  |  |  |
| NAME   | 7.0-11.0-11.0-1                             |              |                                 | TITLE     | OF AUTHORIZING OFFIC                                | ER OR PE   | RSON REPRESENTED                           |  |
| Ι,   | Michael S. Ruley Chief Executive Officer    |              |                                 |           |   |  |  |  |
| 1 1  | inchaer 5. Ruley                            |              |                                 | OI.       | iter Excedetive or                                  | 11001  |  |  |
| NAME   | OF ORGANIZATION (if appli                   | cable)       |                                 |           | T   | TELEPHON   | IE   |  |
| Hawaiian Telcom, Inc.  |   |              |                                 |           |   | (808)  | (808) 546-7844                             |  |
| MAILING ADDRESS (Street)   |   |              |                                 |           |   | FAX  |  |  |
| <u> </u>   | P.O. Box 2200                               |              |                                 |           |   |  |  |  |
| (6   | City)                                       | (State) (Zip |                                 |           | ode)  |  |  |  |
| ]  | Honolulu Hawaii9684                         |              |                                 |           | 1   |  |  |  |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. |   |              |                                 |           |   |  |  |  |
| -mallan 1/30/06  |   |              |                                 |           |   |  |  |  |
| (Signature of Authorizing Officer or Person Represented) (Date)  |   |              |                                 |           |   |  |  |  |
|  | (Signature of Auth                          | orizing      | Office or Person Represen       | ited)     |   | (Date)   |  |  |